PART B - FEE(S) TRANSMITTAL							
, Oil	his form, together with		or <u>l</u>	<u>Fax</u>	Mail Stop ISSUI Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents ginia 22313-1450	PC
INSTR. CTIONS: This for appropriate. All further con indicated unless corrected maintenance fee notification	My should be used for tran respendence actualing the below of directed otherwise as.	smitting the ISSU Patent, advance or in Block 1, by (a	VE FEE and ders and noti) specifying a	PUBLIC fication a new c	CATION FEE (if requ of maintenance fees v orrespondence address	ired). Blocks 1 through 5 will be mailed to the current; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
	2E ADDRESS (Note: Use Block 1 for 590 04/12/2005	any change of address)			Fee(s) Transmittal. The	mailing can only be used the control of the cannot be used all paper, such as an assignment of mailing or transmission.	for any other accompanying
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Indianapolis, IN 46204-5137					L. Scot	t Pavnter	(Depositor's name)
					2 5ch	Van	(Signature)
					May 26,	2005	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/990,243	11/21/2001	Jonathan Phillip			3	32064-5	2400
TITLE OF INVENTION: PEDIATRIC INTRAMEDULLARY NAIL AND METHOD 06/01/2005 YPOLITE2 00000099 09990243							
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700			\$300	\$1000	07/12/2005
EXAMINER ART			VIT CLASS-SUBCLASS]		
PHILOGENE, PEDRO 3732			606-062000				
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3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print o	or type)		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appo Γa substitute	ear on t for filing	he patent. If an assign g an assignment.	nee is identified below, the	document has been filed for
(A) NAME OF ASSIGN	EE	(В) RESIDENC	E: (CIT	Y and STATE OR CO	UNTRY)	

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(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
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a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
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Administration of States	May 26 2005				

Authorized Signature ______ Date _____ Date _____ Date _____ May 26, 2005

Typed or printed name ____ L. Scott Paynter _____ Registration No. 39,797

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